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CLAIMANT'S NAME John Cruz			SSAN OR EMPLOYEE NUMBER			DEPARTMENT			
POSITION Appointments Secretary			CB/ID NUMBER		DIVISION OR BUREAU			INDEX NUMBER	
RESIDENCE ADDRESS				HEADQUARTERS ADDRESS 1350 Front Street, Suite 6054				TELEPHONE NUMBER	
CITY		STATE		ZIP		CITY		STATE	
						San Diego		CA.	
								92101	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
											MILES			AMOUNT
12.1.09	10:00am	OC to SAC	134.57		9.58	9.55		98.60		38.00			290.30	
12.2.09	All Day	SAC	134.57		6.54		6.00						147.11	
12.3.09	7:00pm	SAC to OC			10.00		6.00	98.60		87.00			201.60	
12.7.09	All Day	OC			10.00								10.00	
12.8.09	7:30am	OC to SAC	134.57		7.02	18.00		114.10		38.00			311.69	
12.9.09	9:00pm	SAC to OC			6.24	11.94	6.00	114.10		68.00			206.28	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
SUBTOTALS			403.71	0.00	49.38	39.49	18.00	425.40	0.00	231.00	0	0.00	0.00	
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$1,166.98

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

12.1.09-12.3.09- Sign time with GAS, staff meetings, meetings with possible candidates.

12.7.09- Meetings with GAS appointees.

12.8.09-12.9.09- Staff time, sign time with GAS, meetings with possible appointees.

NORMAL WORK HOURS

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754.

pertaining to vehicle safety and seat belt usage

CLAIMS

DATE _____

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE _____

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL:

DATE _____